



## Supplemental Application Data Sheet

### Application Information

<b>Application Serial No.::</b>	10/712,296
<b>Application Filing Date::</b>	11/14/2003
<b>Application Type::</b>	Regular
<b>Subject Matter::</b>	Utility
<b>Suggested classification::</b>	
<b>Suggested Group Art Unit::</b>	1614
<b>CD-ROM or CD-R?::</b>	None
<b>Computer Readable Form (CRF)?::</b>	No
<b>Title::</b>	COMBINATION ADMINISTRATION OF AN INDOLINONE WITH A CHEMOTHERAPEUTIC AGENT FOR CELL PROLIFERATION DISORDERS
<b>Attorney Docket Number::</b>	034536-0680
<b>Request for Early Publication?::</b>	No
<b>Request for Non-Publication?::</b>	No
<b>Suggested Drawing Figure::</b>	
<b>Total Drawing Sheets::</b>	8
<b>Formal Drawings?::</b>	Yes
<b>Small Entity?::</b>	No
<b>Petition included?::</b>	No
<b>Secrecy Order in Parent Appl.?::</b>	No

### Applicant Information

<b>Applicant Authority Type::</b>	Inventor
<b>Primary Citizenship Country::</b>	US
<b>Status::</b>	Full Capacity
<b>Given Name::</b>	Tinya

**Family Name::** Abrams  
**City of Residence::** Richmond  
**State or Province of** CA  
**Residence::**  
**Country of Residence::** US  
**Street of mailing address::** 224 Lakeshore Court  
Richmond, CA 94804  
**City of mailing address::** Richmond  
**State or Province of mailing** CA  
**address::**  
**Postal or Zip Code of mailing** 94804  
**address::**

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Lesley  
**Family Name::** Murray  
**City of Residence::** San Jose  
**State or Province of** CA  
**Residence::**  
**Country of Residence::** US  
**Street of mailing address::** 7181 Blue Hill Drive  
**City of mailing address::** San Jose  
**State or Province of mailing** CA  
**address::**  
**Postal or Zip Code of mailing** 95129  
**address::**

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Nancy  
**Family Name::** Pryer

**City of Residence::** Kensington  
**State or Province of** CA  
**Residence::**  
**Country of Residence::** US  
**Street of mailing address::** 433 Coventry Road  
**City of mailing address::** Kensington  
**State or Province of mailing** CA  
**address::**  
**Postal or Zip Code of mailing** 94707  
**address::**

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Julie  
**Family Name::** Cherrington  
**City of Residence::** San Francisco  
**State or Province of** CA  
**Residence::**  
**Country of Residence::** US  
**Street of mailing address::** 4495A 25th Street  
**City of mailing address::** San Francisco  
**State or Province of mailing** CA  
**address::**  
**Postal or Zip Code of mailing** 94114  
**address::**

#### **Correspondence Information**

**Correspondence Customer Number::** 22428  
**E-Mail address::** PTOMailWashington@Foley.com

#### **Representative Information**

<b>Representative Customer Number::</b>	30543	
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#### Domestic Priority Information

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application	An application claiming the benefit under 35 USC 119(e)	60/426,386	11/15/2002

#### Foreign Priority Information

<b>Country::</b>	<b>Application number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>

#### Assignee Information

**Assignee name::** SUGEN, Inc.